

UNITED STATES DISTRICT COURT

for the
Southern District of Illinois

Leszek Pawelkowski)
_____) Case Number 3:21-cv-00882-SMY
_____) (Clerk's Office will provide)
_____) Amended Judge Staci M. Gandle
Plaintiff(s)/Petitioner(s)) ☒ CIVIL RIGHTS COMPLAINT
v.) pursuant to 42 U.S.C. §1983 (State Prisoner)
_____) ☐ CIVIL RIGHTS COMPLAINT
Wexford Health Care, Inc) pursuant to 28 U.S.C. §1331 (Federal Prisoner)
Lori Cunningham Ham) ☐ CIVIL COMPLAINT
Ray Lynn Pittman) pursuant to the Federal Tort Claims Act, 28 U.S.C.
Dr. Williams) §§1346, 2671-2680, or other law
Defendant(s)/Respondent(s)

I. JURISDICTION

Plaintiff:

- A. Plaintiff's mailing address, register number, and present place of confinement.

Defendant #1:

- B. Defendant Lori Cunningham is employed as
(a) (Name of First Defendant)

Health care Director
(b) (Position/Title)

with ILLINOIS Department of Correction
(c) (Employer's Name and Address)

Lawrence Corr Center 10830 Lawrence Rd, Summer IL 62456

At the time the claim(s) alleged this complaint arose, was Defendant #1 employed by the state, local, or federal government? ☒ Yes ☐ No

If your answer is YES, briefly explain: ILLINOIS Department of Corrections

Defendant #2:

C. Defendant Wexford Healthcare Services is employed as

(Name of Second Defendant)

Medical Provider

(Position/Title)

with Lawrence Correctional Center

(Employer's Name and Address)

10930 Lawrence Rd, Sumner IL 62466

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? ☒ Yes ☐ No

If you answer is YES, briefly explain: 3rd party contractor for I-DOC

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

See Attached Pages

Defendant # Defendant Vicki Walker

Dietary Supervisor

Lawrence Correctional Center
10930 Lawrence rd
Sumner, IL 62466

At the time the claim(s) alleged this complaint arose, Defendant Vicki Walker was employed by the State of Illinois, Department of Corrections.

Defendant # Dr. Pittman is/(was) employed by Wexford Health care, and working for the Illinois Department of Corrections. She has quit working at Lawrence. Job Title: Doctor

Last Address Lawrence Correctional Center
10930 Lawrence rd
Sumner, IL 62466

At the time claim(s) alleged this complaint arose, Defendant was employed by Wexford, at Lawrence Correctional Center, and contracted with the Illinois Department of Corrections.

Defendant # 6. Dr Williams is (was) employed by Wexford at the time this claim arose. She is no longer working at Lawrence

Job title: Doctor, with Wexford health care employed at Lawrence Correctional Center
10930 Lawrence rd, Sumner IL 62466.

At the time the claim(s) alleged this complaint arose, Dr Williams, Defendant #6, was employed by Wexford and worked at Lawrence Correctional Center as a Doctor for the State of Illinois.

Defendant 7. Nurse Luking is employed as a Nurse. (Her first name unknown.) with Wexford Health Care at Lawrence Correctional Center
10930 Lawrence rd Sumner, Illinois 62466.

At the time claim(s) alleged this complaint arose, Defendant Luking was employed by the State of Illinois as a Nurse, through Wexford health care.

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? ☐ Yes ☐ No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. **List ALL lawsuits in any jurisdiction and indicate the court where they were filed to the best of your ability**, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.

1. Parties to previous lawsuits:
Plaintiff(s):

All ready passed merit
review

Defendant(s):

2. Court (if federal court, name of the district; if state court, name of the county):
3. Docket number:
4. Name of Judge to whom case was assigned:
5. Type of case (for example: Was it a habeas corpus or civil rights action?):
6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?):

7. Approximate date of filing lawsuit:
8. Approximate date of disposition:
9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?"

III. **GRIEVANCE PROCEDURE** *All ready passed merit review*

- A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☒ Yes ☐ No
- C. If your answer is YES,
 1. What steps did you take?
went to all 3 stages for grievance
 2. What was the result?
Deemed Moot
- D. If your answer is NO, explain why not.
- E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☐ Yes ☐ No
- F. If your answer is YES,
 1. What steps did you take?

2. What was the result?

G. If your answer is NO, explain why not.

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

see Attached pages (Line paper used). All Lines
Should be view as Amended under Rule 15.
If Done in error please instruct on how to reply.

V. **REQUEST FOR RELIEF**

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

See Attached pages

VI. **JURY DEMAND** (*check one box below*)

The plaintiff ☒ does ☐ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed 12-09-2021
on: (date)

Leszek Pawelkowski
Signature of Plaintiff

10930 Lawrence Road
Street Address

Leszek Pawelkowski
Printed Name

Summer Illinois 62466
City, State, Zip

Y31510
Prisoner Register Number

Signature of Attorney (if any)

Southern District of Illinois

Leszek Pawelkowski

Plaintiff

v.

Wexford Health Sources Inc,

Lori Cunningham

Dr. Lynn Pittman

Dr. Williams

P.A. Luking

Vicki Walker

} Case No. 3:21-cv-00882-SMY

} Amended

} Civil Rights Complaint

} Judge Staci M. Gandle

Motion For Leave To file An
Amended Complaint.

Nature of Complaint

Now comes plaintiff Leszek Powelkowski
prose through the aid of inmate
Patrick Bakaturski due to Leszek's
lack of English understanding. Leszek
is in I.D.O.C custody and is being
housed at Lawrence Correctional Center
(Here and After Lawrence) Filing this
1983, Civil complaint under the Civil rights
act title 42, Section 1983. Leszek was
diagnosed with severe bone joint Arthritis
Leszek ~~to~~ begin having pains in his
left arm, hand, and fingers. This pain
caused to not be able to perform

Certain task at his assignment. Leszek was seen by the medical staff at Lawrence which is Headed by Lori Cunningham. Due to the ~~the~~ deliberate indifference to Leszek's serious medical needs. Lori Cunningham nor anyone of her staff submitted Leszek for any additional testing. Which violates Leszek's rights under the Eighth Amendment of the Constitution against cruel and unusual punishment. While at Lawrence Leszek has a right to receive adequate medical treatment. It is a known belief that Wexford Health Sources Inc (Here and After Wexford) has a common practice of not allowing inmates to receive special testing from outside hospital. Which is also an Eighth (8) Amendment.

Leszek Powelkowski (Here and After Leszek) files this complaint under the Civil Rights act title 42, Section 1983 against; Wexford, Lori Cunningham (Here and After Cunningham, Dr. Lynn Pittman, Dr. Williams, P. A. Luking and Vicki Walker. This is a civil action seeking injunctive relief and ~~monetary~~ Monetary

damages against these defendants for committing acts contrary to the law with deliberate indifference depriving Leszek of his rights guaranteed by the Constitution and civil rights act 42 U.S.C 1983.

Parties Involved

- 1) Leszek Powelkowski plaintiff a citizen of the United States, currently assigned at Lawrence 10930 Lawrence Road, Sumner IL 62466.
- 2) Wexford Health Sources Inc, defendant is a contracted Health provider, and is contracted by the State of Illinois.
- 3) Defendant Lori Cunningham, is employed by Wexford and assigned to Lawrence.
- 4) Defendant Vicki Walker, is employed by the State of Illinois and assigned to Lawrence
- 5) Defendant, Dr. Pittman is/was employed by Wexford and was assigned to Lawrence.
- 6) Defendant, Dr. Williams is/was employed by Wexford and was assigned to Lawrence
- 7) Defendant Luking - is employed by Wexford and was assigned to Lawrence during this action,

Statement of Facts

- ③ 2) On or around Aug. 23, 2020 Leszek

begin experiencing pain in his left arm, hand.

This pain caused Leszek hands to twist painfully. IT was difficult for Leszek to straighten out his fingers without add pain.

- 9) Upon information and belief Leszek while at his assignment in dietary, alerted Supervisor Vicky Walker (Here and After Walker) and made her aware of the pain in his arm, hand and fingers.
- 10) Upon information and belief Walker acting to a serious medical need/issue refused to have Leszek taken to health care which she has the authority to do.
- 11) Upon information and belief acting with deliberate indifference to a serious medical need sent Leszek to work and assigned him to the dish room.
- 12) Leszek was unable to perform the task assigned to him.
- 13) Upon information and belief Walker fired Leszek and with the abuse of authority procured a ticket on Leszek.
- 14) Further More Leszek was seen by Dr. Pittman to whom he complained to about the pain he felt in his left arm, hands and fingers. Acting with deliberate indifference Dr. Pittman only gave

Leszek a prescription for pain killers.

15) Upon information and belief Dr. Pittman did not in a request to have added test ran on Leszek.

16) Upon information and belief Leszek was diagnosed with Severe Bone Joint Arthritis.

17) On or around May of 2021 Leszek was seen by P.A Luking.

18) Upon information and belief P.A Luking informed Leszek that she would put in the necessary paper work for a M.R.I.

19) Upon information and belief P.A Luking was made aware of Leszek's diagnosis but failed to submit any request for Leszek to receive ~~farther~~ farther testing.

20) Leszek was later seen by Dr. Williams.

21) Upon information and belief Leszek complained to Dr. Williams that the pain medication wasn't helping. He wasn't able to get a whole nights sleep, He was/ is unable to write or properly clean

him self.

- 22) Upon information and belief Dr. Williams only increased Leszek medication, and refused to submit Leszek for any further testing.

Jurisdiction & Venue

- 23) This Court has subjected matter jurisdiction over this lawsuit pursuant to 28 U.S.C § 1331 because it arises under the Eighth Amendment to the Constitution and 42 U.S.C 1983. This Court has subject matter jurisdiction over this lawsuit pursuant to 28 U.S.C 1343 (A)(3) because it is being brought to redress the deprivation under color of State law, of a right secured by the Eighth Amendment of the Constitution.

- 24) Venue is proper in this Court pursuant to 28 U.S.C 1391 (B) (2) because a substantial part of the events giving rise to the claims occurred in this judicial district.

COUNT I

Against Wexford Health Sources Inc

- 25) Leszek re-alleges paragraphs 1-24.
- 26) Leszek has a right under the Eighth Amendment to be free from Cruel and Unusual punishment while incarcerated at Lawrence.
- 27) Wexford's practice of refusing to send inmates to outside hospitals deprives Leszek of the adequate care under his civil rights.
- 28) At all times relevant, Wexford was aware of this practice and Leszek basic human needs.
- 29) Wexford knows or should have known that denying Leszek access to outside testing ~~is~~ ~~an act~~ to cut cost is a violation of Leszek basic human needs.
- 30) At all times relevant to this action Wexford operated under color of STATE Law.
- 31) By failing to send Leszek out for additional testing Wexford's practice was/is an act of deliberate indifference.
- 32) Leszek has been harmed as an actual and proximate result of Wexford's deliberate indifference to Leszek

⑦

Constitutional rights.

Count II

(Against Lori Cunningham.)

33) Leszek re-alleges paragraphs 1-24.

34) Leszek has a right under the Eighth Amendment while at Lawrence, to receive adequate

+ treatment.³⁵⁾ Leszek was diagnosis with Severe bone joint arthritis and his ~~de~~ being refused further testing deprives him of a basic human need.

36) At all times relevant Cunningham was made aware Leszek general needs.

37) Cunningham knew or should have known that Leszek's severe bone joint arthritis need further treatment than that provided at Lawrence was/is a violation of Leszek's human basic needs.

38) At all times relevant to this action Cunningham acted under color of State law.

39) By failing to submit/approve Leszek for outside testing Cunningham acted with deliberate indifference

40) Leszek has been harmed as an actual and proximate result of Cunningham's deliberate indifference to his Constitutional rights

COUNT III

(Dr. Pittman, Lynn)

- 41) Leszek re-alleges paragraphs 1-24.
- 42) Leszek has a right under the Eighth Amendment to receive adequate medical treatment while at Lawrence.
- 43) Leszek was treated by Dr. Pittman and only given pain pills.
- 44) Dr. Pittman failed to submit a request for outside testing when the pain pills prove to be ineffective for Leszek's pain.
- 45) At all times relevant Dr. Pittman was made aware of Leszek's general needs.
- 46) Dr. Pittman knew or should have known that Leszek need to be sent to an outside hospital for further testing. And by not submitting a request violated Leszek's human basic needs.
- 47) At all times relevant to this action Dr. Pittman acted under color of State Law.
- 48) By failing to submit Leszek for outside testing Dr. Pittman acted with deliberate indifference.
- 49) Leszek has been harmed as an actual and proximate result of Dr. Pittman's

deliberate indifference to his
Constitutional rights

COUNT IV

(Against Dr. Williams)

- 60) Leszek has re-alleges paragraphs 1-24.
- 61) Leszek has a right under the Eighth Amendment while at Lawrence to receive adequate medical treatment.
- 62) At all times relevant Dr. Williams was made aware of the pain Leszek was/is having in his left arm.
- 63) Dr. Williams knew or should have known that Leszek not being sent to an outside hospital for further testing violated Leszek Constitutional rights to adequate medical treatment.
- 64) At all times relevant Dr. Williams acted under color of state law.
- 65) Dr. Williams acted with deliberate indifference to Leszek basic human need.
- 66) Leszek has been harmed as an actual and proximate result of Dr. Williams deliberate indifference to his Constitutional rights.

COUNT V

(Against P.A. Luking)

- 69) Leszek re-alleges paragraphs 1-24
- 69) Leszek has a right under the Eighth amendment while at Lawrence, to receive adequate treatment.
- 69) At all times relevant P.A. Luking was made aware of Leszek pain, and need for outside testing.
- 70) At all times relevant to this action P.A. Luking was acting under color of State law.
- 71) P.A. Luking knew or should have known that Leszek lack of adequate treatment was a violation of his basic human rights.
- 72) By failing to submit Leszek for further testing P.A. Luking acted with deliberate indifference.
- 73) Leszek has been harmed as an actual and proximate result of P.A. Luking's deliberate indifference to his Constitutional rights.

COUNT VI

Against Vicki Walker

- 74) Leszek re-alleges paragraphs 1-24.
 - 75) Leszek has a right under the Eighth Amendment to be free from cruel and unusual punishment, as well as retaliation while incarcerated at Lawrence.
 - 76) Leszek also has a right under the Eighth Amendment to receive adequate treatment.
 - 77) While on his assignment in dietary Leszek complain of pain in his left arm, hand and fingers ~~sent~~ to Walker. Walker refused to help remedy Leszek's pain.
 - 78) At all relevant times Walker was made aware of Leszek pain.
 - 79) At all times relevant to this action Walker acted under color of State Law.
 - 80) Walker knew or should have known that by her not sending Leszek to the HCU violated his basic human rights.
 - 81) By ~~and~~ abusing her authority and writing Leszek a ticket and firing him in retaliation, along with not send Leszek to HCU to get treatment Walker acted with deliberate indifference.
- (12)

82) Leszek has been harmed as an actual and proximate result of Walkers deliberate indifference to Leszek basic human rights, and Constitutional rights

Relief

Plaintiff Leszek prays this Honorable Court to award him

- a) ~~in~~ award compensatory damages from all defendants in an amount to be determined at trial
- B) Award any punitive damages this court deems fair.
- C) Award filing fees, court cost and any other fees or additional ~~rel~~ relief this court deems just.

Plaintiff request a jury trial.

Certification

By signing this complaint, I certify that the facts stated in this complaint are true and accurate to the best of my knowledge, information provided and beliefs

Respectfully,

Leszek Pawelkowski

X Leszek Pawelkowski

1st Lvl rec: 666 21 ILLINOIS DEPARTMENT OF CORRECTIONS SEP 2 9
Offender's Grievance 2nd Lvl rec:

Date: <u>AUGUST 20, 2020</u>	Offender (please print): <u>LESZEK PANIELKOWSKI</u>	ID #: <u>Y 31510</u>	GRIEVANCE OFFICE	Race (optional): <u>White</u>
Present Facility: <u>Lawrence Correctional Center</u>		Facility where grievance issue occurred: <u>Lawrence Correctional Center</u>		
Nature of grievance:				
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> ADA Disability Accommodation	
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> HIPAA	<input type="checkbox"/> Restoration of Sentence Credit	
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify): <u>Supv. Mrs. Walker in Dietary</u>			
<input type="checkbox"/> Disciplinary Report				
Date of report		Facility where issued		

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I was hired in the Dietary on August 11th of 2020, and I had explained to the Supv. Mrs. Walker once before that I was having a lot of pain, stiffness, numbness, like muscle spasm, in my hands, fingers and elbows. Both hands, and I explained to Mrs. Walker, when they put me on the Pate and Pate Detail, I start having serious pain in both hands, stiffness, muscle spasm in both hands and fingers, that I need to see the doctor. Will she please put me on another Detail, Now all this took place:

☐ Continued on reverse

Relief Requested:

My request to the Supervising Doctor, or Neurological on outside my job. Back on the same shift or another shift, back pay on Mrs. Walker be. Handle responsible for be bias on show deliver indifference, reimbursement for pain & suffering.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance

LESZEK PANIELKOWSKI
Offender's Signature

Y 31510

ID#

AUGUST 20, 2020
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 8/26/20 ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility Send to: Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response:

Per verbal conversation with Court Supervisor Mrs. Walker, Offender assigned to Dietary need to be able to utilize and have full dexterity of use of both hands to be able to perform all job duties in the Dietary Dept. Offender was taken off Dietary assignment for inability to perform assigned job duty. Offender was scheduled to see NP Luking on 9/21/20 at 10am. Offender hopefully was seen for his hand issues. Offender has an active visit sheet in for Dietary that is valid through May of 2021. Offender may be re-assigned by the Placement Officer once hands are diagnosed and treated. Once use of hands are at 100%, Offender may re-request placement.

M. Quinn, CCI
Print Counselor's Name

M. Quinn, CCI
Sign Counselor's Name

9/23/20
Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 8-21-20

Is this determined to be of an emergency nature

☒ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

DB
Chief Administrative Officer's Signature

8-25-20
Date

1st Vice

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Vice

A few days ago, so I work first shift in the kitchen, so I arrived
to work Thursday, August 20th of 2020, so when I arrive Mrs.
Walker told me I was going to do the pots on pans regardless
my health issues, I explained I will do any other detail, would
she please put me on fixing the food trays, so she told me no, and
if I refuse to work I'm fired on Cap go back to the cell.
Have so I was sent back, I never refuse to work, I felt I'm
being discriminated against, on certain matters I should have the
allow to perform another detail, so I'm request to be seen by a
Dr. at Lawrence Cor Center, or Neurological on out-side, so I
can be diagnose for my problem I'm constantly in pain daily, even
when I'm in my cell, I felt Mrs. Walker was showing a different
towards me.

J.B. Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

1301. Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Pawelkowski, Leszek

4/12/2021
Date

ID#: 431510

Facility: Lawrence

This is in response to your grievance received on 1/21/2021. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 8/20/20 Grievance Number: 08-20-257 Griev Loc: Law

☐ Transfer denied by the Facility

☒ Dietary Mrs. Walker 8/20/20

☐ Personal Property

☐ Mailroom/Publications

☒ Assignment (job, cell) Dietary job

☐ Commissary / Trust Fund

☐ Conditions (cell conditions, cleaning supplies, etc.)

☐ Disciplinary Report: Dated: Incident #

☐ Other

Based on a review of all available information, this office has determined your grievance to be:

☐ Affirmed, Warden is advised to provide a written response of corrective action to this office by

☐ Denied as the facility is following the procedures outlined in DR525.

☐ Denied, in accordance with DR504F, this is an administrative decision.

☒ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.

☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.

☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

☒ Other: Follow Sick call procedures. Requests for medical treatment do not go on a grievance form.

FOR THE BOARD:

S. Benton

CONCURRED:

Rob Jeffreys
Rob Jeffreys
Acting Director

Sherry Benton
Administrative Review Board

CC: Warden,

Law
Pawelkowski, Leszek ID# 431510

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

Grievance Officer's Report		
Date Received: 9/29/2020	Date of Review: 12/21/2020	Grievance # (optional): 08-20-257
Offender: Pawelkowski, Leszek	ID#: Y31510	
Nature of Grievance: Staff conduct		
<p>Facts Reviewed: Offender Pawelkowski Y31510 claims he is being discriminated against in his job assignment in the kitchen due to the pain in his hands.</p> <p>Relief Requested: "I request to be seen by Doctor, or neurological on out-side, my job Back on the same shift or nother shift, back pay or Mrs. Walker be handle responsible for be bias or show deliver indifferent, reinbuse for pain and suffering"</p> <p>Counselor's Response: Per verbal conversation with Food Supervisor Mrs. Walker Offenders assigned to Dietary need to be able to utilize and have full dexterity of use of both hands to be able to perform all job duties in the Dietary Dept. Offender was taken off Dietary assignment for inability to perform assigned job duty. Offender was scheduled to see NP Luking on 9/21/20 at 10am. Offender hopefully was seen for his hand issues. Offender has an active vote sheet in for Dietary that is valid through May of 2021. Offender may be re-assigned by the Placement Officer once hands are diagnosed and treated. Once use of hands are at 100%, Offender may re-request placement.</p>		
<p>Recommendation: Based upon a total review of all available information, this Grievance Officer recommends that the grievance be denied as job assignments are an administrative decision. Offender should submit a request to the Placement Office for a job assignment.</p>		
<p>M. Tate CCL</p> <p>Print Grievance Officer's Name</p>		<p><i>M. Tate CCL</i></p> <p>Grievance Officer's Signature</p>
(Attach a copy of Offender's Grievance, including counselor's response if applicable)		
Chief Administrative Officer's Response		
Date Received: 12/30/20	<input checked="" type="checkbox"/> I concur	<input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Action Taken:		
<p><i>[Signature]</i></p> <p>Chief Administrative Officer's Signature</p>		<p>12/30/20</p> <p>Date</p>
Offender's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
Offender's Signature	ID#	Date

The Medical Director, Beebe Counselor
Inpatient Facility where Issued Treatment

DOC 0046 (Rev. 01/2020)

14-00000

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

Excerpts Continue, Dea Dee Breakhart an Asst. warden. I am or will
Hold the McDowell staff accountable for these Action. Under rule 504,
& McDowell that why people or Die in this particular prison, for Not receiving
The right medical, my grievance seem to go nowhere these days. It's
A waste of Lawrence on a please ask to be seen by out side doctor & might
Have to go to work office about my health issues, since my Cry fail and deaf -
Sup, The D.C.N. Need to get more involve.

J.B. Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

ID#: Pawelkowski, Diego
Y31510

6/23/21
Date

Facility: Lawrence

This is in response to your grievance received on 6/16/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your Issue regarding: Grievance dated: 5/22/21 Grievance Number: 05-21-240 Griev Loc: Lawrence

- ☐ Transfer denied by the Facility
- ☐ Dietary
- ☐ Personal Property
- ☐ Mailroom/Publications
- ☐ Assignment (job, cell)
- ☐ Commissary / Trust Fund
- ☐ Conditions (cell conditions, cleaning supplies, etc.)
- ☐ Disciplinary Report Dated: Incident #
- ☒ Other Medical - follow-up for chest, hand pain, earache

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden is advised to provide a written response of corrective action to this office by
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Other: Moet, seen by NP 5/24/21.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

FOR THE BOARD:

Debbie Knauer
Debbie Knauer
Administrative Review Board

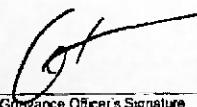
CONCURRED:

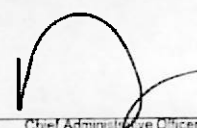
Rob Jeffreys
Rob Jeffreys
Acting Director

CC: Warden, Lawrence Correctional Center
Pawelkowski, ID# Y31510

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/ldoc

Grievance Officer's Report		
Date Received: <u>05/26/2021</u>	Date of Review: <u>06/03/2021</u>	Grievance # (optional): <u>05-21-240</u>
Offender: <u>PAWELKOWSKI, LESZEK</u>	ID#: <u>Y31510</u>	
Nature of Grievance: Medical Treatment		
<p>Facts Reviewed: Offender Pawelkowski Y31510 wrote grievance on 5/22/2021 concerning incident date of 5/20/2021 and was received by the Grievance Officer on 5/26/2021. Grievance was deemed emergency by the CAO on 5/25/2021. Offender claims that the HCU at Lawrence C.C. provide adequate treatment. Offender claims that they had a 05/20/2021 call pass cancelled and not rescheduled. Offender claims that they were to have a 30-day follow-up with the NP that never happened.</p> <p>Relief Requested: "I please request to be seen by 'unable to read' on out side my hand, chest pain, ear getting worsen, so I need to be seen on out side for all three."</p> <p>HCUA response: " Review medical documentation. I/M continues to be seen and treated by providers at Lawrence CC HCU." Medical documentation provided by HCU indicates that the offender was seen by a medical professional: 2/18/2021 I/M seen by MD – assessment: costo chondritis, chest wall pain, increased blood pressure; 3/15/2021 ear pain on NP line – assessment: fungal ear infection, serous otitis; 5/24/2021 NP line – assessment: chronic left ear pain, chronic pain."</p>		
Recommendation: Based upon a total review of all available information, this Grievance Officer recommends that the grievance be MOOT, grievant seen by the NP on 05/24/2021 .		
J. Garrett, CCII Print Grievance Officer's Name (Attach a copy of Offender's Grievance, including counselor's response if applicable)		 Grievance Officer's Signature

Chief Administrative Officer's Response	
Date Received: <u>6/4/21</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Action Taken:	
 Chief Administrative Officer's Signature	<u>6/4/21</u> Date

Offender's Appeal To The Director	
I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)	
Offender's Signature	ID# Date

Assigned to: 17-00882-SMY Document 1 Filed 06/03/21 Page 17 of 28 Page ID #17

Housing Unit: 5-2 Bed #: L-79

LAWRENCE CC

1st Lvl rec: MAY 12 2021

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's GrievanceRECEIVED
LAWRENCE CC

Date: MAY 12 2021	Offender (please print): Leszek Powelkanski	ID #: Y-31510	May 13 2021	Race (optional): White
Present Facility: Lawrence Corr Center	Facility where grievance issue occurred: Lawrence Corr Center			

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☒ Other (specify): McDouglas is not work on hands.
☐ Disciplinary Report Arthritis

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I'm still having serious problems with hands especially the left hand. I have Arthritis has basically took over my joint in my hand which is very uncomfortable on very painful has been taking some pain medication the Nurse P.R. never put me on it not working I take Meds twice a day it firms but it's to be sent out to see Specialist on out-side I've done hand therapy with you all process it not working I can't even straighten my finger but at time, I need to be seen by Orthopedic Surgery on out-side to

☐ Continued on reverse

Relief Requested:

I request M.D. or P.T. Plan on to be seen by out-side Doctor. Long term health issues on to be seen by out-side Orthopedic, because Health continues to worsen, to be seen by out-side hand Specialist, I ask waiting time to be removed these treatments.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.☐ Check if this is NOT an emergency grievance.

Leszek Powelkanski

Offender's Signature

Y-31510

ID#

5-10-2021

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received:

☒ Send directly to Grievance Officer☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

JUN 10 2021

ADMINISTRATIVE
REVIEW BOARD

Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW:

Date Received: 5/12/21

Is this determined to be of an emergency nature:

☒ Yes, expedite emergency grievance☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date

Distribution Master File: Offender

Page 1 of 2

DOC 0043 (Rev 01/2020)

Assigned Grievance #/Institution _____

Housing Unit: 5-CBed # 6-11ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

1st Lvl rec. _____

2nd Lvl rec. _____

Diagnosis. Since I can start receiving because of the services of pain
and muscle spasm, stiffness in the joint, this problem has been
going on for some time. I was working in the kitchen it affected my
work feeling that why I was removed from my job in the kitchen
it's very difficult, I would like to have M.P.T on board
CT Scan Bone density test, Neurological test, My life style
has change I can't exercises because of my condition. Nervous
system in hands or feet I've been going through this pain in
suffering because after I was on bed I start refer to send me
out on goes on the proper medical treatment

Issue. 2 I have having services of pain in blood in left ear, I can't
even hear out of it

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender: Pawelkowski Leszek Y31510
Last Name First Name MI ID#

Facility: Lawrence

☐ Grievance: Facility Grievance # (if applicable) 05-21-089 Dated: 5/24/21 or ☐ Correspondence: Dated: _____

Received: 6/16/21 Regarding: arthritis in hands & ear issue
Date

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected: healthcare

- ☒ ~~Contact your correctional counselor or Field Services regarding this issue.~~
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____
Date
- ☐ No justification provided for additional consideration.

Other (specify): Grievance fails to meet DR 504.8/10 as offender is requesting to be seen by a specialist. Offender fails to
show any doctor he has seen since healthcare

Completed by: Debbie Knauer Debbie Knauer 6/17/21
Print Name Signature Date

RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 05/13/21	Date of Review: 05/18/21	Grievance # (optional): 05-21-089
Offender: Pawelkowski, Leszek	ID#: Y37540	
Nature of Grievance: Medical Treatment		Y31510 (RP)
<p>Facts Reviewed: Offender Pawelkowski, Y21510 wrote grievance dated 5/10/21. Offender states that he is having serious issues with his hands, especially the left. States that arthritis has taken over and is very painful. States that the medication he was put on by NP Stover is not working and that he needs to be sent out to see a specialist. Offender states that he can't even straighten his fingers out. States he was removed from his dietary job due to these issues. Offender states his 2nd issue is his ears. States that he is having serious pain and bleeding in his left ear and that he cannot hear out of it.</p> <p>Relief Requested: "I request M.R.I. or PT Scan an to be seen by out-side doctors concern health issues an be seen by out-side orthopedic, because health continues to worsen, to be seen by out-side _____ specialist. I ask Wexford I.N.C. to recommend these treatment."</p> <p>Per 5/17/21 written response from HCUA Cunningham: Review medical chart documentation:</p> <p>May 13, 2021 – NP Note: Request slip received – I/m having continued trouble with ear and reported that the meds were not helpful and needed to be seen – assessment complaint of ear pain. – Schedule to be seen by NP Stover @ next available for continued ear problems.</p> <p>May 17, 2021 – Request sent for date of scheduled NP appt.</p> <p>Per 05/18/21 follow-up with D.O.N.: Per chart review, no documentation found where offender has requested anything for his hands. There are several notations for ear pain and he is currently being treated for that. Offender will need to sign up for NSC to have the arthritis addressed and it is at the physicians discretion as to what offsite referrals are requested.</p> <p>Recommendation: Based upon a total review of all available information, this Grievance Officer recommends that the grievance be <u>not</u>. Offender is being treated for ear issues. No documentation found regarding hand / arthritis complaint. Offender should follow NSC procedure to address concern.</p>		
<div style="display: flex; justify-content: space-between;"> <div> <p>A. McCaslin, CCII</p> <p><small>Print Grievance Officer's Name</small></p> </div> <div> <p><small>Grievance Officer's Signature</small></p> </div> </div> <p><small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small></p>		

Chief Administrative Officer's Response	
Date Received: 52472	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Action Taken:	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>RECEIVED</p> <p>JUN 10 2021</p> <p>ADMINISTRATIVE REVIEW BOARD</p> </div>
<p><small>Chief Administrative Officer's Signature</small></p>	<p><small>Date</small></p>

Offender's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
<p>_____ <small>Offender's Signature</small></p>	<p>_____ <small>ID#</small></p>	<p>_____ <small>Date</small></p>

Assigned Grievance Officer: LAWRENCE CC 6427

RECEIVED LAWRENCE CC 6427

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

1st Lvl rec: OCT 16 2020

Date: GRIEVE Offender (please print): GRZEWIECZ, LAWRENCE ID #: OFFICE Race (optional): White

Present Facility: Lawrence Correctional Center Facility where grievance issue occurred: Lawrence Correctional Center

Nature of grievance:

☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation

☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit

☐ Transfer Denial by Facility ☐ Other (specify) Medical Treatment, see Dr. Tob

☐ Disciplinary Report

Date of report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, in compliance with the Affirmation of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I've been request to see doctor, concern serious health issues, dealing with the pain on cramping of hands, fingers, arms, shoulders, like a burning serious of muscle spasm, numbness, pain still there something serious going it keep me from getting on job duty, try trying to see doctor & the doctor recommend I wait but it don't affect my job duty because I'm trying to work in the Dietary, or somewhere else, but I would be taking the Dietary, but not on first shift & the on

☐ Continued on reverse

Relief Requested:

Request to see doctor so we can figure what to do with health issues so I can get a job.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance

Lawrence Grzewicz
Offender's Signature

Y31510
ID#

10-12-20
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 10/19/20 ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility Send to: Administrative Review Board, PC Box 19277, Springfield, IL 62794-9277

Response:

For written response from LAW CC HCU. Review of medical chart documentation offender has been seen and medically treated by licensed Illinois provider within the community standards of care. Offender last seen 10/1/20 and his medical issues were addressed.

M. G. C. II
Print Counselor's Name

M. G. C. II
Sign Counselor's Name

10/22/20
Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: _____

Is this determined to be of an emergency nature

☐ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date

Assigned to: [redacted]

Inmate # 542

Bed # 18

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

Inmate #

Inmate #

Disciplinary report write up on me by miss walker but the adj. sent me to the committee. Expense the ticket, 2 Nov 500 so I don't have to go to jail. I was told I can't have a job until I see a doctor, about this condition I have health issues. It's been over three months of doctor, when the nurse said I was OK. See doctor, this matter is urgent.

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender: Pawel Kowski Leszek Y/31510
Last Name First Name MI ID#

Facility: LAW

☒ Grievance: Facility Grievance # (if applicable) 10-20-176 Dated: 10/12/20 or ☐ Correspondence: Dated: _____
Received: 2/1/21 Regarding: health issues preventing job
Date

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☒ Provide dates when incidents occurred. See DR 504.810.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

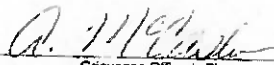
No further redress:


- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____
Date
- ☐ No justification provided for additional consideration.

Other (specify): no review

Completed by: Sherry Benton S. Benton 2/9/21
Print Name Signature Date

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: <u>10/16/2020</u>	Date of Review: <u>01/11/2021</u>	Grievance # (optional): <u>1D-20-176</u>
Offender: <u>Pawelkowski, Leszek</u>	ID#: <u>Y31510</u>	
Nature of Grievance: Medical Treatment / Job Assignment		
<p>Facts Reviewed: Offender states that he has been requesting to see the doctor concerning serious health issues and is dealing with the pain or cramping of hands, fingers, arms, shoulders, like he's having muscle spasms and numbness, pain, and stiffness. These issues are keeping him from performing his job duties. He states that he was told he can't have a job until he sees the doctor.</p> <p>Relief Requested: "Request to see Doctor so we can figure what to do with health issues so I can get a job."</p> <p>Counselor's Response: Per written response from LAW CC HCU: Review of medical chart documentation, offender has been seen and medically treated by licensed Illinois provider within the community standards of care. Offender last seen 10/1/20 and his medical issues are addressed.</p> <p>Per 01/11/21 review of O360 call pass history, offender has had medical appointments scheduled on the following dates: 11/17/20 NSC, 11/23/20 NP, 12/01/20 & 12/03/20 labs, 12/17/20 NSC, 12/18/20 MD, 12/23/20 NSC, 12/25/20 NSC, 12/29/20 labs, & 01/05/21 MD. Offender is encouraged to continue addressing any medical concerns by forwarding a request to healthcare or at scheduled medical appointments.</p> <p>Per O360 Assignment history review, offender is not currently waitlisted for any jobs. Offender may forward a request slip to his housing unit counselor to initiate vote sheet review and job consideration.</p>		
<p>Recommendation: Based upon a total review of all available information, this Grievance Officer recommends that the grievance be <u>moot</u>, as per HCUA, medical issues were addressed on 10/01/20. Offender has had multiple medical appointments scheduled since the date of this grievance and is encouraged to continue addressing any medical concerns by forwarding a request to healthcare or at scheduled medical appointments. Offender is not currently waitlisted for any job assignments and may send a request to his housing unit counselor to initiate review.</p>		
<div style="display: flex; justify-content: space-between;"> <div> <p><u>A. McCaslin, CCII</u></p> <p>Print Grievance Officer's Name</p> </div> <div>  <p>Grievance Officer's Signature</p> </div> </div> <p>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</p>		

Chief Administrative Officer's Response	
Date Received: <u>1/21</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur
Action Taken:	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 01 2021 ADMINISTRATIVE REVIEW BOARD </div>
 <p>Chief Administrative Officer's Signature</p>	<u>1/21</u> <p>Date</p>

Offender's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
Offender's Signature	ID#	Date

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Disciplinary Report

Type of Report:
☒ Disciplinary ☐ Investigative

Facility: _____ Date: _____

Offender Name: _____ ID #: _____ SMI ☐ yes ☐ no Race: _____Observation Date: _____ Approximate Time: _____ ☐ a.m. ☐ p.m. Location: _____

Offense(s): DR 504: _____

Observation: (NOTE: Each offense identified above must be substantiated.)

Witness(es): _____

☐ Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses

Reporting Employee (Print Name)	Badge #	Signature	Date	Time

Disciplinary Action:

Shift Review: ☐ Temporary Confinement ☐ Investigative Status Reasons: _____

Printed Name and Badge #	Shift Supervisor's Signature (For Transition Centers, Chief Administrative Officer)	Date

Reviewing Officer's Decision: ☐ Confinement reviewed by Reviewing Officer Comment: _____☐ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee☐ Minor Infraction, submitted to Program Unit

Print Reviewing Officer's Name and Badge #	Reviewing Officer's Signature	Date

☐ Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only):

Print Hearing Investigator's Name and Badge #	Hearing Investigator's Signature	Date

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☐ Check if offender refused to sign

Offender's Signature _____ ID# _____

Serving Employee (Print Name) _____ Badge # _____ Signature _____

Date Served _____ Time Served _____ ☐ a.m. ☐ p.m.☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature _____ ID# _____

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report _____ Print offender's name _____ ID# _____

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness	Witness badge or ID#	Assigned Cell (if applicable)	Title (if applicable)

Witness can testify to: _____

Print Name of witness	Witness badge or ID#	Assigned Cell (if applicable)	Title (if applicable)

Witness can testify to: _____

PROGRAM COMMITTEE
FINAL SUMMARY REPORT

Name: PAWELKOWSKI, LESZEK IDOC Number: Y31510 Race: WHI
Hearing Date/Time: 8/23/2020 10:47 AM Living Unit: LAW-R3-AL-18 Orientation Status: N/A
Incident Number: 202002347/1 - LAW Status: Expunged Final

Date	Ticket #	Incident Officer	Location	Time
8/20/2020	202002347/1-LAW	WALKER, VICKY J	DIETARY	06:10 AM
Offense	Violation	Final Result		
313	Disobeying a Direct Order			
Witness Type	Witness ID	Witness Name	Witness Status	

No Witness Requested

RECORD OF PROCEEDINGS

ODR read.
I/M pled not guilty.
I/M stated "I told them I was sick. I asked to do something different. My left hand is messed up".

BASIS FOR DECISION

ODR expunged due to charge not substantiated. I/M was not given any direct orders per ODR.

DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED

FINAL

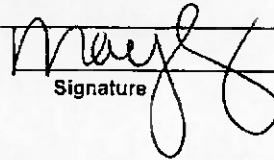
--- EXPUNGED ---

Basis for Discipline:

Signatures

Hearing Committee

MAYBERRY, SHANAE B - Chair Person



08/23/20

HSP

Signature

Date

Race

Recommended Action Approved

Final Comments: N/A

DEANNA M BROOKHART / DMB 8/23/2020

Chief Administrative Officer

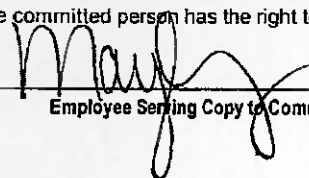


Signature

08/23/20

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504- Subpart F.



Employee Senting Copy to Committed Person

9/4/20 9am

When Served - : Date and Time

Inmate Name PAWELKOWSKI Housing Unit R-IR3 AL 18
Inmate Number Y31510

**INMATE NOTIFICATION OF
JOB CHANGE**

FROM: ASSIGNMENT OFFICE

Old Job	UNASSIGNED	Hours	6A-1P
New Job	DIETARY	Days Off	W/T
		Start Date	8/4/2020

**THIS SHEET IS FOR INFORMATIONAL PURPOSES ONLY.
YOU WILL STILL BE BOUND BY THE OTS SYSTEM IF ANY
CONFLICT OCCURS.**

Illinois Department of Corrections
FORM# LAW0019
Lawrence Correctional Center